

# Staple Issue Slip H.

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	401	2/28/94
TYPIST	320	3/5/94
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

Claim	Date
Final	
Original	5/16/94
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SYMBOLS

✓ ..... Rejected

..... Allowed

(Through numeral) ..... Canceled

..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

Claim	Date
Final	
Original	5/16/94
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